STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065330	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor View Care Center	7991 W 71st Ave Arvada, CO 80004

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility failed to ensure residents received adequate supervision to prevent accidents for one (#1) of three residents reviewed for accidents out of three sample residents.Resident #1 was admitted on [DATE] for long-term care with a diagnosis of dementia. According to the care plan, Resident #1 was determined to be a high fall risk. The resident was independent with ambulation. On 1/16/26 Resident #1 was found on the floor in another resident's room. The resident was not wearing appropriate footwear at the time of fall. After the fall, Resident #1 was not able to walk and required the use of a wheelchair. Resident #1 did not participate in her usual daily activities, her pain level increased and she was confused.Two days after the fall, on 1/18/26, Resident #1 was transported to the hospital for further evaluation for her increased confusion, increased pain and continued inability to walk. Resident #1 was admitted to the hospital and diagnosed with a subdural hematoma (brain bleed) and a closed left hip fracture requiring surgical intervention. Specifically, the facility failed to follow care planned interventions and ensure Resident #1 was wearing appropriate footwear, which resulted in a fall with major injury on 1/16/26.Findings include:I. Resident #1A. Resident statusResident #1, age [AGE], was admitted on [DATE] and discharged to the hospital on 1/18/26. According to the January 2026 computerized physician orders (CPO), diagnoses included osteoarthritis, dementia, Alzheimer's disease and repeated falls. The 12/10/25 minimum data set (MDS) assessment revealed the resident had severe cognitive impairment with a brief interview for mental status (BIMS) score of three out of 15. She was independent with ambulation and required partial or moderate assistance with toileting hygiene and upper and lower body dressing. The MDS assessment indicated the resident did not use any ambulatory assistive devices and had a history of falls. B. Resident's representative interviewResident #1's representative was interviewed on 2/17/26 at 1:26 p.m. The representative said Resident #1 was admitted to the facility for rehabilitation and memory care management. She said she was notified of the resident's 1/16/26 fall on 1/16/26, however, she said the nursing staff did not inform her that Resident #1 was requiring the use of a wheelchair until the next day (1/17/26). The representative said Resident #1 was more confused, could not make complete sentences and could not walk. She said the resident appeared to be completely different from what she normally was. C. Record reviewThe fall care plan, initiated 7/19/23 and revised 7/29/23, revealed Resident #1 was at risk for falls related to deconditioning, gait and balance problems, incontinence, poor communication and comprehension. The resident was unaware of her safety needs and had a history of falls. Pertinent interventions included anticipating and meeting the resident's needs (initiated 7/19/23) and encouraging that the resident was wearing appropriate footwear/non-skid socks when ambulating or mobilizing in a wheelchair (initiated 7/19/23). The 1/16/26 at 2:25 p.m. interdisciplinary team (IDT) note documented Resident #1 sustained an unwitnessed fall. The resident's shoes/slippers were on the bed neatly and the resident was wearing general socks (instead of (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065330	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor View Care Center	7991 W 71st Ave Arvada, CO 80004

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	anti-slip socks). The physician was notified and Xrays and laboratory work was ordered. Neurological assessments were initiated and would be monitored per facility protocol. The resident was provided with non-slip socks which would be applied as tolerated. The note documented the root cause of the fall was due to the resident having a change of condition with altered mental status. -However, per documentation in the progress notes, including the IDT progress note, and the director of nursing's (DON) interview, Resident #1 was not wearing anti-slip socks at the time of the fall, despite anti-slip (non-skid) socks being documented on her care plan as a fall intervention since 7/19/23 (see care plan above and progress notes and DON interview below). The 1/16/26 at 4:43 p.m. nursing progress note documented two facility staff members found Resident #1 lying on the floor of another resident's room at 11:45 a.m. The note documented the resident's shoes/slippers were on the bed in the other resident's room, positioned neatly. The resident was not wearing non-skid socks.The 1/16/26 at 4:43 p.m. nursing progress note further documented that the resident was alert and her speech was clear and she was at baseline mentation. The resident's vital signs were taken and neurological checks were initiated. An active range of motion assessment was conducted and revealed the resident reported pain to her left forearm near the elbow and she had pain in her left thigh near her left hip. The resident presented with a stronger hand grasp to the right hand than to the left hand and she had noted difficulty following specific instructions. The resident was able to actively roll onto her back and move all four extremities. The staff assisted the resident to a sitting upright position.The 1/16/26 at 4:58 p.m. nursing progress note documented the facility nursing staff received physician's orders for a STAT (immediately, instantly or at once) Xray for the resident. Registered nurse (RN) assessed Resident #1 after the unwitnessed fall. A neurological assessment was initiated, the resident's pupils were equal, round and reactive to light accommodation (PERRLA) and her right hand grip was stronger than the left hand grip. The resident reported pain to her left arm and left leg. The nursing staff would continue with monitoring and neurological assessments. The 1/17/26 at 2:00 p.m. nursing progress note documented Resident #1 was noted to be alert but more confused with a slightly distant look compared to her baseline. The resident presented with difficulty taking steps and acting as though her left leg was giving out. The resident was requiring the assistance of a wheelchair for mobility. Nursing staff placed a call to an on-call physician and discussed the resident's increased confusion, as well as the Xray results (which were negative) from 1/16/25.The 1/17/26 at 5:26 p.m. nursing progress note documented that while sitting in a wheelchair, Resident #1 was able to actively move both lower extremities without expressing pain. However, when the resident was assisted to a standing position, she had difficulty while taking steps and was complaining of pain to her left lower extremity. The progress note documented the resident continued to use a wheelchair for ambulation.The 1/18/26 at 4:45 p.m. change of condition note documented Resident #1 was having difficulty walking on her left leg and had used a wheelchair for ambulation throughout the shift.The nursing staff and the resident's family reported that the resident had not been making sense when talking to the resident since her fall on 1/16/26. The nursing staff received a new physician's order to send the resident to the hospital. Review of Resident #1's 1/23/26 hospital discharge summary records revealed the resident was found to have a subdural hematoma and a left hip fracture. The resident underwent surgical repair of the left hip fracture on 1/19/26. II. Staff interviewsCertified nurse aide (CNA) #1 was interviewed on 2/18/26 at 10:30 a.m. CNA #1 said Resident #1 was not a fall risk and was independent with ambulation prior to her fall. She said she was not working in the facility the day Resident #1 had her fall (1/16/26). -However, Resident #1's care plan indicated she was a high fall risk and was to be encouraged to wear non-skid socks when ambulating (see care plan above). The (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065330	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor View Care Center	7991 W 71st Ave Arvada, CO 80004

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	activities assistant (AA) was interviewed on 2/18/26 at 10:42 a.m. The AA said she was familiar with Resident #1. She said she was not working the day of the resident's fall on 1/16/26, but she came into work the next day (1/17/26) and saw the resident was using a wheelchair. She said Resident #1 primarily ambulated independently without a walker or a wheelchair prior to the fall. She said Resident #1 seemed less talkative than normal after her fall and did not want to participate in coloring activities. CNA #2 was interviewed at 10:49 a.m. on 2/18/26. CNA #2 said she had worked in the facility for approximately a year and is primarily assigned to the secured unit. She said she would check the residents' electronic medical records (EMR) to see if the residents required assisted devices or if residents were a fall risk. She said she was working on the secured unit the day Resident #1 was found on the floor. She said when she came back from her lunch break, she noticed that a lot of the residents on the security unit had left the security unit to go on an outing. She said Resident #1 typically went on the outings so she assumed that was where Resident #1 was. She said she asked the nurse if Resident #1 went to the outing and the nurse could not confirm if the resident had gone on the outing or not. CNA #2 said she began looking for Resident #1 with the memory care director, who found the resident on the floor lying on her side in another resident's room. CNA #2 said the Resident #1 did not have non-skid socks on at the time of her fall. She said the resident had regular black socks on. She said she remembered the resident saying Oh it hurts. She said two facility staff nurses assisted the resident off the floor and into a wheelchair because Resident #1 was not able to walk. She said Resident #1 never used a wheelchair and walked independently before her fall. Licensed practical nurse (LPN) #1 was interviewed on 2/18/26 at 11:00 a.m. LPN #1 said she was the nurse assigned to Resident #1 the day the resident was found on the floor (1/16/26). She said after the resident was found on the floor, she requested the assistance of RN #1 to come provide a physical assessment for Resident #1. She said the resident was unable to provide a number for her pain scale due to her dementia. She said the resident repeatedly said it hurts multiple times after her fall. She said the resident was unable to walk and appeared to be in pain. She said she reported a concern of the resident having pain multiple times to RN #1. She said a STAT Xray was obtained and was negative. LPN #1 said the following day (1/17/26), Resident #1 appeared to be in significantly more pain and more confused. The memory care director was interviewed on 2/18/26 at 11:28 a.m. The memory care director said a CNA came to her to ask if she had recently seen Resident #1. She said she noticed a different resident's room door, which was across from her office, was closed. She said Resident #1 often wandered into the other resident's room where the door was closed. She said she decided to look in the other resident's room where the door was closed and observed Resident #1 on the floor on her left side. She said she notified nursing staff for assistance. She said Resident #1 said it hurt when nursing staff attempted to assist Resident #1 to her feet. She said Resident #1 never complained of pain previously. She said after the fall, Resident #1 needed to use a wheelchair, which was not normal for the resident.RN #1 was interviewed on 2/18/26 at 11:41 a.m. RN #1 said she assessed Resident #1 when she was found on the floor on 1/16/26. She said the resident had no bruising to her head and no difficulty with range of motion on her upper and lower extremities when she was sitting in the wheelchair. RN #1 said the resident had difficulty standing on her left leg when staff were attempting to assist the resident to a standing position. She said she did the initial assessment for the neurological checks. She said she was unfamiliar with Resident #1 because she never worked in the memory care unit. She said Resident #1 was struggling to hold her own body weight and stand on both legs. RN #1 said she was concerned about injuries to the resident's hips or knees because the resident was still showing signs of pain with facial grimacing and guarding the day she was found on the floor (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	065330	A. Building B. Wing	02/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor View Care Center	7991 W 71st Ave Arvada, CO 80004

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	(1/16/26).